Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)								
LDV 16 L	LC.	Pending								
STREET ADI	DRESS	CROSS STREETS								
357 West	16 th Street			8 th Avenue	& 9 th Ave	nue				
	NAME:	John C. Meado	ws & Curt Huegel		NAME:	Dona	ıld M. Bernstein	, Esq		
OWNER	PHONE:	212-244-8866		ATTORNEY	PHONE:	212-4	186-6000			
	FAX:	212-244-8814	П			212-4	186-8668			
	NAME:	Pending			NAME:	357 W	16th Retail LLC c/o Rick Weisfissch			
MANAGER	PHONE:			LANDLORD	PHONE:	917-	553-8405			
	FAX:				FAX:					
DESCRIPT	TION OF BUS	SINESS								
Establishment Type:		Bar/Tavern Bed & Breakfast Eating Place Beer Cabaret Night Club Hotel Catering Establishment Club (Fraternal Organization – Members Only) Other (Explain):								
Method of Operation: Other (Ex			Dance Club Sports Bar Adult Entertainment Wine Bar Pizzeria Cafe n):							
License Typ	e:	On-Premise) Wine \(\rightarrow \text{Beer} \text{W}	ine & Beer	.4					
			Has applicant owned or mana	aged a similar busine	YES	NO				
			What is/was the name of establishment?			See list attached				
		O New	What is/was the address of the establishment?			See list attached				
			What were the dates the applicant was involved with this former premise?				See list attached			
ADDI ICAT	ION TYPE		What is the prior license #?							
APPLICATION TYPE (check one)		Transfer	What is the expiration date on the prior license?							
		Transfer	Are you making any alteratio	ns or operational cha	YES	NO				
			If alterations or operational of	changes are being m	ade, please atta	ch the plan:	s to this form.			
			What is the current license #?	9						
		Alteration	What is the expiration date or	the current license						
			Please describe the nature of the alterations and attach the plans							

OPERATIO	NAL ISSUI	ES												
		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATU	SATURDAY	
HOURS	Operation	5 p.n	m. – 4 a m.				5 p.m. – 4 a.m.	5 p.m. – 4 a.m.		5 p.m. – 4		5 p.m	5 p.m. – 4 5 j	
	Music	5 p.m.	-4 a.m.	5 p.m.	- 4	5 p.m. – 4	5 p.n	1. – 4	_	.m. – 4		. – 4	a.m. 5 p.m. – 4 a.m.	
	Kitchen	5 p.m. – 4 a.m.		5 p.m. – 4 a.m.				5 p.m. – 4 a.m.		5 p.m. – 4 a.m.				
			INDO							BAR			0	UTSIDE
OCCUPANCY	Capacit (Certificat Occupan	e of	Maximum # You Anti Occupying (Including E	icipate Premises	Numl of Tal	STORY OF STREET	Number of Seats	Number of Service Only Bars		Stand	Number of Stand-Up Bars		Number of Seats	Number of Tables
	200		200	0	36	5	142	0)	2	2 24		N/A	N/A
How many floor space provided)	s are there? Wh	nat is the	capacity for	each floo	r? (plea	ase res	spond in	1-2	3-4	5+	Seat	s: 107; Bar zanine: Ca	: 1 with 1 pacity: 50	Tables: 21; 2 bar stools 2; Tables: 15; bar stools
Will you be appl be dancing? (ple				aret licens	e? If ye	es, wil	l there	YES	NO NO	N/A				
Will you be host	ing private part	ties and p	promotional	events?				YES	NO	N/A	Corporate Events			
Will outside pror	moters be used	?						YES	NO	N/A				
Will the security	plan submitted	l be impl	emented?					YES	NO	N/A				
Will State certific	ed security pers	sonnel b	e used?					YES	NO	N/A				
Will New York I be followed?	Nightlife Assoc	iation re	commendati	ons and N	YPD E	Best Pr	ractices	YES	NO	N/A				
Will the applican bicycle rack? De restaurant and sta provided)	livery bicycles	are to be	clearly mar	ked with t	he nam	ne of th	ne	YES	NO	N/A			10	
Will the applican respond in space		or a Side	ewalk Café n	ow or in t	he futu	re? (pl	lease	YES	NO	N/A				
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)								YES	NO	N/A				
Will applicant pro hat arise?	ovide contact in	nformati	on to neighb	ors and re	spond t	to com	plaints	YES	NO	N/A				
f you plan to hav	ve music, what	If you plan to have music, what type(s)? BACKGROUND LIVE						MUSIC)J				

BUILDING DESIGN				
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	N/A	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES	NO	N/A	

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<u>NO</u>	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A	
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A	
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	N/A	
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<u>N/A</u>	6
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	

LOCATION & ZONING									
Primary Zoning District: M1-5					y (If /	Applica	ble):	,	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yard						<u>NO</u>	N/A		
Does the building have a Certificate of Occupancy ("C of O") or a letter of objection?						NO	N/A	Certificate of Occupancy	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attack a diagram of the establishments that triggers the rule.					<u>YES</u>	NO	N/A	500 Foot Rule, diagram attached	
Is a Public Assembly permit	required?			2	YES	NO	N/A		
Are your plans filed with DO	OB?			,	YES	<u>NO</u>	N/A		
Building Type					Other, describe:				
Adjacent Buildings	ential (Commercial Mixe	d Use	0 0	Other, de	scribe: _			
NOTIFICATION: #1 The Council Chelsea Blo			lock As	socia	tion — I	Mr. Bil	Borock		
What organizations / community groups have you notified regarding your application?		# 2	Miguel Acevedo with Fulton Houses						
# 3								-	

ADDI	TIONAL INFORMATION: (Applicant Use)
1 DAY	TION I I NOTEC: (OCC., VI., O. I.)
ADDI	TIONAL NOTES: (Office Use Only)
•	The submitted traffic report & sound report on file will be followed by the applicant. Any change(s) will be brought to the Manhattan Community Board 4 Business License & Permits Committee.
•	Applicant will coordinate security with neighboring nightlife establishments

ADDITIONAL STIPULATIONS: (Office Use Only)	

			8			
Manhattan Community Board 4 (N	1CB4) recommends:	Approval Denial unless all agreed to by applicant is part of the method of operation Denial				
CB4 REPRESENTATIVES						
Nelly Gonzalez CB4 Community Associate	Lisa Daglian CB4 BLP Committee Co-Chair	8	Paul Seres CB4 BLP Con	mmittee Co-Chair		
APPLICANT AGREEMENT W	ITH THE COMMUNI	TY				
Pursuant to these stipulations, this their liquor license. Additionally, supporting this application.						
SIGN HERE ->	SIGNATURE OF APPLICAN	VT OR ATTORNEY		12-13-// DATE		